

Membership Application

Fax to: (858) 715-8088 or E-mail to Accounting@sdar.com www.crasd.com

INFORMATION ABOUT YOU				
Licensed as: ☐ SDAR REALTOR® ☐ Local Affiliate	Current Member # _			
First Name	Middle Initial	Last Name		
Home Address				
City		Stat	e	_Zip
Home PhoneFax		Cell		
E-mail	Web Address			
OFFICE INFORMATION				
Office Name: Not to exceed 30 characters including spaces				
Office Address:				_Suite:
City:		Stat	e:	_Zip:
Office Phone:	Fax	:		
REALTOR® Association Affiliation:				
PREFERRED MAILING ADDRESS: □ HOME □ OFFICE	PREF	ERRED BILLING MET	HOD: □E-MA	IL □PAPER
How did you hear about CRAsp? ☐ Broker ☐ Welcome L	etter	t	nternet 🗆	Other
If you were referred by a current CRAsp / SDAR member, please I	ist name:			
Signature			Date	
Note: Two-course education/orientation	is required within 6 m	nonths of applicati	on date for ful	l membership
MEMBERSHIP DUES SCHEDULE	FEES CAN BE	CHARGED T	<u>O</u> :	
INDIVIDUAL MEMBERSHIP □ CRASD Membership (non-SDAR member)\$100 □ SDAR Members\$50		box, I authorize thi	s credit card to	□Check (made out to SDAR) Do be used for auto-renewal
AFFILIATE MEMBERSHIP □ CRASD Local Affiliate Membership\$175				
Application dues are non-refundable (Dues subject to proration)				nt:



Return to Accounting Department

Commercial Real Estate Alliance of San Diego • 4845 Ronson Court, San Diego, CA 92111

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